

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Adair County Schools</b> Street Address      1204 Greensburg St City, KY Zip      Columbia, KY 42728	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$7,191.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Barren County Schools</b> Street Address      202 W Washington St City, KY Zip      Glasgow, KY 42141	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> <b>\$3,525.00</b>	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Bourbon County Schools</b> Street Address      3343 Lexington Rd City, KY Zip      Paris, KY 40361	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$12,267.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Caldwell County Schools</b> Street Address      PO Box 229 City, KY Zip      Princeton, KY 42445	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$1,410.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Casey County Schools</b> Street Address      1922 U. S. 127 City, KY Zip      Liberty, KY 42539	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$2,820.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

1	<b>Name and Address of Recipient:</b> Agency Name <b>Caverna Indp. Schools</b> Street Address      1102 N. Dixie Hwy City, KY Zip      Cave City, KY 42127	7	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		8	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
2	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	9	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
3	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	10	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
4	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
5	<b>Award Amount \$ 987.00</b>	11	<b>Evaluations: N/A</b>
6	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
12	<b>Consortia/Partnership Members:</b>		
13	<b>Special Instructions/Conditions Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
14	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Christian County Schools</b> Street Address    PO Box 609 City, KY Zip      Hopkinsville, KY 42241	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #     Heather Rhorer 502-564-3791 Ext 4003 Street Address                      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #       Judy Howard – 502-564-1979 Ext 4322 Street Address                      500 Mero St., 16th Fl. CPT City, KY Zip                          Frankfort, Kentucky 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                          FY14 Migrant Summer Program Fund Source                          Title I, Part C Migrant Education CFDA#                                  84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount \$2,679.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director <div style="text-align: right;"><b>Date:</b> April 1, 2014</div> <div style="text-align: center;">Division of Consolidated Plans and Audits</div>		

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Clark County Schools</b> Street Address      1600 W Lexington Ave City, KY Zip      Winchester, KY 40391	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> <b>\$9,588.00</b>	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014



**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Daviess County Schools</b> Street Address      PO Box 21510 City, KY Zip      Owensboro, KY 42304	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$13,113.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Fayette County Schools</b> Street Address      701 E Main St City, KY Zip      Lexington, KY 40502	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$14,664.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Garrard County Schools</b> Street Address      322 W Maple St City, KY Zip      Lancaster, KY 40444	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> <b>\$2,538.00</b>	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b> Funds are designated for the 2014 Summer Migrant Summer School Program only. "Funds for 3113S must be requested under 3113".      The final Federal Cash Request must be submitted by October 31, 2014.		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

1	<b>Name and Address of Recipient:</b> Agency Name <b>Graves County Schools</b> Street Address      2290 State Route 121 N. City, KY Zip      Mayfield, KY 42066	7	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		8	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
2	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	9	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
3	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	10	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
4	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
5	<b>Award Amount</b> \$3,525.00	11	<b>Evaluations:</b> N/A
6	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
12	<b>Consortia/Partnership Members:</b>		
13	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> "Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.		
14	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Hardin County Schools</b> Street Address      65 W A Jenkins Rd City, KY Zip      Elizabethtown, KY 42701	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
		<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A		
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$3,102.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Hart County Schools</b> Street Address     25 Quality Street City, KY Zip     Munfordville, KY 42765	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #     Heather Rhorer 502-564-3791 Ext 4003 Street Address     500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #     Judy Howard – 502-564-1979 Ext 4322 Street Address     500 Mero St., 16th Fl. CPT City, KY Zip     Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description     FY14 Migrant Summer Program Fund Source     Title I, Part C Migrant Education CFDA#     84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number     N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> <b>\$1,551.00</b>	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b> Funds are designated for the 2014 Summer Migrant Summer School Program only. "Funds for 3113S must be requested under 3113".     The final Federal Cash Request must be submitted by October 31, 2014.		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Henderson County Schools</b> Street Address      1805 Second St City, KY Zip      Henderson, KY 42420	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> <b>\$1,692.00</b>	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b> Funds are designated for the 2014 Summer Migrant Summer School Program only. "Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Lincoln County Schools</b> Street Address      PO Box 265 City, KY Zip      Stanford, KY 40484	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> \$7,896.00	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> "Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014



**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

1	<b>Name and Address of Recipient:</b> Agency Name <b>Logan County Schools</b> Street Address      PO Box 417 City, KY Zip      Russellville, KY 42276		7	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____		
	2		8	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor		
2		KDE Contact Information: Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601		9	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
3		Description/Fund Source of Award and Fiscal Year: Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number      3113S Master Agreement Number      N/A		10	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____	
4		Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		11		Evaluations: N/A
5		Award Amount <b>\$3,666.00</b>				
6		Period of Award: April 15, 2014 – September 30, 2014				
12		Consortia/Partnership Members:				
13		Special Instructions/Conditions Funds are designated for the 2014 Summer Migrant Summer School Program only. "Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.				
14		Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits		Date: April 1, 2014		

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Madison County Schools</b> Street Address      PO Box 768 City, KY Zip      Richmond, KY 40475	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> <b>\$8,460.00</b>	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b> Funds are designated for the 2014 Summer Migrant Summer School Program only. "Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Marion County Schools</b> Street Address    755 E Main St City, KY Zip      Lebanon, KY 40033	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #     Heather Rhorer 502-564-3791 Ext 4003 Street Address                      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #       Judy Howard – 502-564-1979 Ext 4322 Street Address                      500 Mero St., 16th Fl. CPT City, KY Zip                          Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                          FY14 Migrant Summer Program Fund Source                          Title I, Part C Migrant Education CFDA#                                  84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$5,217.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Mayfield Indp. Schools</b> Street Address      914 East College St City, KY Zip      Mayfield, KY 42066	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$4,371.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

1	<b>Name and Address of Recipient:</b> Agency Name <b>Metcalfe County Schools</b> Street Address      109 Sartin Dr City, KY Zip      Edmonton, KY 42129	7	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		8	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
2	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	9	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
3	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	10	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
4	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
5	<b>Award Amount</b> \$2,679.00	11	<b>Evaluations:</b> N/A
6	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
12	<b>Consortia/Partnership Members:</b>		
13	<b>Special Instructions/Conditions</b> Funds are designated for the 2014 Summer Migrant Summer School Program only. "Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.		
14	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Monroe County Schools</b> Street Address      309 Emberton Street City, KY Zip      Tompkinsville, KY 42167	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> \$7,896.00	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b> Funds are designated for the 2014 Summer Migrant Summer School Program only. "Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Montgomery County Schools</b> Street Address      700 Woodford Drive City, KY Zip      Mount Sterling, KY 40353	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$10,293.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Powell County Schools</b> Street Address      PO Box 430 City, KY Zip      Stanton, KY 40380	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> <b>\$2,000.00</b>	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b> Funds are designated for the 2014 Summer Migrant Summer School Program only. "Funds for 3113S must be requested under 3113".      The final Federal Cash Request must be submitted by October 31, 2014.		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014



**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Russell County Schools</b> Street Address      404 S. Main St. City, KY Zip      Jamestown, KY 42629	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> <b>\$4,371.00</b>	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b> Funds are designated for the 2014 Summer Migrant Summer School Program only. "Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Shelby County Schools</b> Street Address      PO Box 159 City, KY Zip      Shelbyville, KY 40066	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
		<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A		
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount</b> <b>\$3,384.00</b>	<b>11</b>	<b>Evaluations:</b> N/A
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b> Funds are designated for the 2014 Summer Migrant Summer School Program only. "Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014

**Kentucky Department of Education**  
**2014 Migrant SUMMER PROGRAM Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name <b>Webster County Schools</b> Street Address      28 State Rt 1340 City, KY Zip      Dixon, KY 42409	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
		<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>2</b>	<b>KDE Contact Information:</b> Program Contact – Phone #      Heather Rhorer 502-564-3791 Ext 4003 Street Address      500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #      Judy Howard – 502-564-1979 Ext 4322 Street Address      500 Mero St., 16th Fl. CPT City, KY Zip      Frankfort, Kentucky 40601	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY14 Migrant Summer Program Fund Source      Title I, Part C Migrant Education CFDA#      84.011A MUNIS Project Number <b>3113S</b> Master Agreement Number      N/A	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99		
<b>5</b>	<b>Award Amount \$6,768.00</b>	<b>11</b>	<b>Evaluations: N/A</b>
<b>6</b>	<b>Period of Award:</b> April 15, 2014 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions: Funds are designated for the 2014 Summer Migrant Summer School Program only.</b> <b>"Funds for 3113S must be requested under 3113". The final Federal Cash Request must be submitted by October 31, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> April 1, 2014